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**CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES**

Ministry of AYUSH, Government of India

No.61-65, Institutional Area, Opp. ‘D’ Block

Janakpuri, New Delhi-110058

**Websites:** [**www.ccras.nic.in**](http://www.ccras.nic.in)

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| **ANNEXURE - III : UNDERTAKING** |

**By the Research Fellow on acceptance of CCRAS Post Doctoral Fellowship**

**Recent Colored Photograph duly attested by Mentor to be affixed**

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| I ....................................………………………............……….......… Son/ Daughter/ Wife of Shri .................................................................... resident of ………………………………………………………… have been awarded the POST DOCTORAL FELLOWSHIP of CCRAS. I accept the award and undertake that: |  |

1. During the entire tenure of the Fellowship, I shall abide by the rules and regulations of the Council. Any change in rules and regulations by the Council in future will be applicable to me.
2. I shall devote full time to research during the tenure of Fellowship except as provided in the rules.
3. I shall obtain the approval of the Council before accepting any award or allowance, if offered to me during the tenure of the Fellowship.
4. I shall prepare the progress report of my work at the end of each year and communicate it to the Council through the Mentor.
5. I shall submit two copies of the detailed consolidated report of research work to CCRAS through the Mentor on termination of the Fellowship.
6. I also hereby declare that if the results of research are such that can be exploited commercially by taking a patent or otherwise commercial exploitation and patent rights will be decided/governed as per the rules for Fellowships on Patents available on the website of CCRAS ([www.ccras.nic.in](http://www.ccras.nic.in)).

( i )

1. I have gone through the Terms & Conditions of CCRAS PDF Scheme and have clearly understood that the fellowship is for a fixed period / tenure of maximum 2 Years and extendable for maximum one more year based on outstanding performance and recommendation from the Director General, CCRAS and the Mentor of University/Institution/ lab where working.
2. **I further understand clearly that I shall have no claim whatsoever for regular / permanent absorption on expiry of Fellowship**.
3. **I also understand clearly and accept the conditions (clause 12 & 13 of the Scheme) that if I leave the research work either before submission of detailed progress/annual report of the research work or before completion of tenure of fellowship, I shall have to refund the fellowship amount received so far to the Council concerned within 6 months.**

**Signature of the Post Doctoral Fellow with date**

**Name of Mentor:**

**Contact No.:**

**Email address:**

**Signature of Mentor:**

**with Official Seal & Date**

I report myself on duty as Senior Research Fellow in the Forenoon/Afternoon of ………………………. (Date) at ………………………………………………………............. (Name of Department) of …………………………………………………................. (Name of University / Institute /Lab).

**Signature of the Post Doctoral Fellow with date**

**Signature of the Head of the Deptt. / Dean of the Faculty/Registrar**

**With Official Seal & Date**

( ii )

**Declaration by the Post Doctoral Fellow of CCRAS PDF**

I, Shri/Mrs/Kumari/Dr …………………………………………………….. declare as under:

1. That as a recipient of the Council’s Fellowship (PDF), I shall be governed by the disciplinary regulations of the host institute where I have proposed to avail the fellowship of CCRAS for pursuing my post doctoral research work.
2. That I have never been punished or debarred from government (central/state), autonomous organization and CCRAS service.
3. That my fellowship will be liable to cancellation for any kind of misconduct.

(Signature of the Research Fellow)

( iii )